	(REV 6/93)	ENSE CLAIM		See Instructions a Statement On Re				0.		PAGE		OF	OF		
CLAIMANT						SSN OR E	EMPLOYEE	NUMBER*		DEPART	MENT			PAGE(S)	
R. Steve	Tharratt	, MD	lan m v n n							EMS A	uthority				
			CB/ID NUM	BER			OR BURE					INDEX NU	MBER		
Director RESIDENCE	E ADDRESS*						arters a					TEL ERMON	TE VILIMBED		
			1				th Street				TELEPHONE NUMBER				
CITY			STATE ZIP CODE			CITY	in Street			STATE	916-322-4336 ZIP CODE				
El Dorad	o Hills		CA	95672		Sacran	iento			CA		95811			
	H/YEAR					0.00.00			TRA	NSPOR	TATION	75011			
Ap	r-09	LOCATION			MEALS	3						CAR USE		9890027010507	
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING		AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DA	
4/17	1:30	Sacramento to Visalia			10.00	18.00			PC		447.00	245.85		273.	
4/18	11:30	Return to Sacramento		6.00			6.00							12.0	
		*													
													in make		
								-							
-															
				10,					11						
SUBTOTALS			6.00	10.00	18.00	6.00				447.00	245.85		285.8		
	CLAIM T	OTAL	WELVE		असार आ	37 16	elation	NS-Winds	1000		a other gyray			MERCE	
		ARKS AND DETAILS (Attach receip	ots/vouchers w	hen requi	red)			-			NORMAL	WORK HO	URS	\$285.8	
o deliver	keynote a	address on EMS in Californ	ia: The V	iew fro	m EMS.	A at the	4th Annu	ual Tulare			PRIVATE	VEHICLE I	LICENSE N	UMBER	
County El	MS Confe	rence at the Visalia Conver	tion Cente	er											
											MILEAGE RATE CLAIMED				
TI/TO/	TN #:					-0.20					AGEN		.55 DUNTING	OFFICE	
ccount N	Number:											USE	ONLY		
HEREBY CE	RTIFY That t	he above is a true statement of the travel	expenses incur	red by me i	n accordan	ce with DPA	rules in the				PAID BY	REVOLVING	G FUND CHE	CK NUMBER	
rvice of the S e cost of oper	tate of Californ ating the vehic	ia. If a privately owned vehicle was use le was equal to or greater than the rate cla 9352, 9753 and 9754 pertaining to vehic	d, and if mileas simed, and that	ge rates exc I have met	eed the min	imum rate	certify that								
	SSINAT			DATE	1 -	IGNATUR	E OF OFFIC	CER APPROV	/ING TE	RAVEL AN	D PAYMEN	г	DATE		
LAIMAN	14														

TRA	VEL I	FORNIA – PERSONNEL ADMINISTRA EXPENSE CLAIM	HON				s and *Priv Reverse S				Done		Page		
STD. 262 (REV. 6-93c)  CLAIMANT'S NAME							SSN or EMP		BER*		Page of Pages  DEPARTMENT				
R. St	even 7	Γharratt, MD									EMS.	A			
POSITION CB/ID No.  Director  RESIDENCE ADDRESS *								BUREAU		•97		INDEX NU	MBER		
								cy Medic		vices Autho	rity		TEL EPHO	NE NUMBER	
KESIDE	NCE AD	DRE35		1930 9th		_00	(916) 322								
CITY			140	CITY					STATE		ZIP CODE 95811				
El Dorado Hills CA 95608 95672							Sacramento					CA			
(1) MONTH/YEAR (3)		(4)	(5)	MEALS		(6)	(7)		TRANSPORTATI		ION		(9)		
APR 2009 WHE		WHERE EXPENSES WERE INCURRED		BREAK-	Local control of the second	O.T., L/ N/C, REL	T, .O. INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL	
(2) DATE	TIME	WERE INCORRED	LODGING	FAST	LUNCH	OR DINNE	R TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
4/25	0900	El Dorado Hills to Redding			10:00				PC		375	306.25		316.2	
4/25	1530	Return			1 -									0.0	
														0.00	
					1									0.00	
														0.0	
														0.0	
												24123 2433		0.00	
														0.0	
														0.0	
														0.0	
														0.0	
														0.0	
										****				0.0	
10)		SUBTOTALS	0.00	0.00	10.00	0.0	00.00	0.00		0.00	375	306.25	0.00	316.2	
COL	UMN (	CODE (ACCTG. USE ONLY)			7.747.429		TIPE SE	TEU	PE					45	
		CLAIM TOTAL												316.2	
11) PU	RPOSE (	OF TRIP, REMARKS AND DETAILS (A	tach receipts/ve	ouchers wher	required)						(12) NO	ORMAL WOR	RK HOURS		
To attend and speak about the "California EMS Perspective from Sacramento" at the 5th Annual  Pre-hospital Northgate Conference, which was held in Redding, CA.  8-5  (13) PRIV												RIVATE VEHICLE LICENSE NUMBER			
											Constant Control	LEAGE RAT	E CLAIMED		
											.55	ENCY AC	COUNTING	OFFICE	
												US	SE ONLY		
(15) I	HEREB	Y CERTIFY That the above is a true sta	tement of the tr	ravel expense	es incurred b	y me in acc	cordance with [	OPA rules in t	he service	of the State	-	T NEVOEVIII	O POND OTIL	OKNOWDE	
F	equal to opertaining	nia. If a privately owned vehicle was up or greater than the rate claimed, and to to vehicle safety and seat best usage. SNATURE	sed, and if mile hat I have met	the requiren	nents as pres	scribed by	SAM Sections	0750, 0751,	0752, 07	53 and 0754	PAYMEN	IT I D	ATE		
ZAIMA Z	5 510	Are n		5	11/09	(16)	SIGHATURE C	. OFFICER	- ROVI	III III III III	- ATME		a.6.		
	ECIAL EX	XPENSE AUTHORIZATION - SIGNATU	RE and TITLE	(See Item 17	7 on reverse)							D	ATE		
R															